DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03399 03396 24 haurs after death funeral l and rer death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Calvert. MARYLAND Maryland Calvert b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest townpapers. Pag. write RURAL and give neorest town) Rural-Prince Frederick 501 days Prince Frederick = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled Calvert County Hospital YES -NO The law requires that the death certificate be executed within carban NAME OF Middle 4. DATE Year DECEASED (Type or print) Joseph Pete Buckler 1967 DEATH IF UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remove meny eve pirthday) Months male white WIDOWED DIVORCED 3-8-83 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? arid Farming Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Uriah Buckler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give wor or dates of service) O. Prince Frederick . Mc INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), signed by the burial-transit DASET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPS PERFORMED? has PART-IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [ 10 FUNERAL DIRECTOR: After this certificate PHYSICIAN: for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour 'o.m. factory, street, office bldg., etc.) O HOSPITAL OR ATTENDING 21. 1 certify that (1) (this haspital) attended the deceased fram\_\_\_\_ Oct. 17, 1965, to March 2, 1967, that (1) (we) las saw the deceased alive an March 2 19 67, and that death accurred at 11 10 M, from causes and on the date stated above 22n. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Page C. Jett. Prince Frederick. Maryland director, shauld be 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gty or Town) (County) REMOVAL (Specify) 256. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) MAR 6 DATE

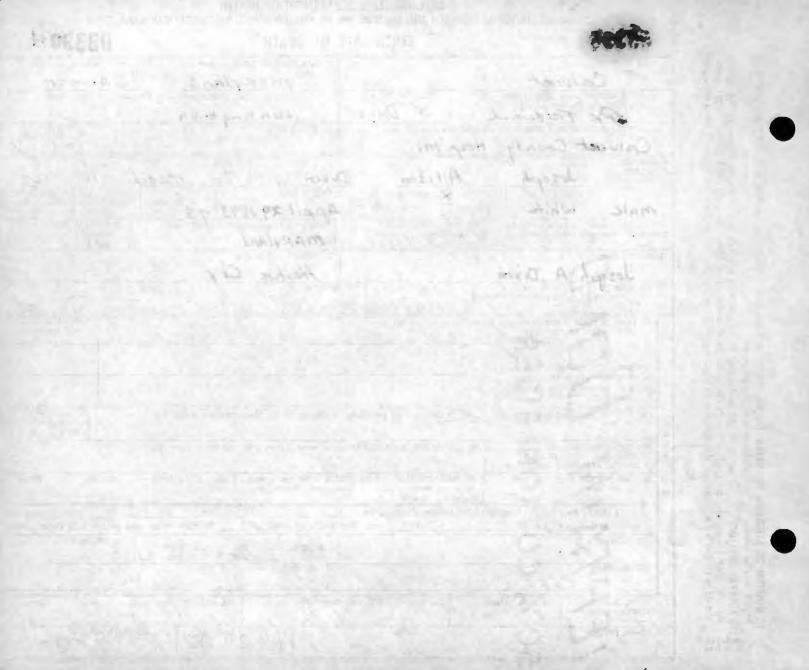
MARYLAND STATE DEPARTMENT OF HEALTH

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3+	Division of STATISTICA	MARYLAND STATE DEF IL RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
	03333	CERTIFICATE	OF DEATH	03390
	D. CITY OR TOWN (If outside carparote limits,	MARYLAND	a. SIATE MARY land	d, if institution: Residence before admission) b. COUNTY CAIVERT
	write RURAL and give negrest town)	5 DAYS	L CITY OR TOWN (If outside corporate limit	
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \to NO \to X
	NAME OF DECEASED (Type or print) Joseph SEX 6 COLOR OF RACE 7		tost 4 DATE OF DEATH	Month Day Year MARCA 15 1967
	STEDER ON MILE	MARRIED NEVER MARRIED B.  //IDOWED DIVORCED DIVO	DATE OF BIRTH  9. AGE last 73 11. BIRTHPLACE (County & State, or foreign co	(In years birthday) Manths Days Haurs Min.  Duntry) 12. CITIZEN OF WHAT
d	uring gloss of working life, even if retired)  3. FATHER'S NAME	Super Store	MARYLAND  14. MOTHER'S MAIDEN NAME	COUNTRY?
1	Joseph A Dixon 5. WAS DECEASED OVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17. IN	Heater Cox	Address
(	Yes, na, ar unknown) (If yes give war ar dates af serv	ice 220-46-0637 m	1. Della Dixon	Huntingtown, Ind.
	IB. CAUSE OF DEATH (Enter only one cause per part I. DEATH WAS CAUSED BY:  45/ X IMMEDIATE CAUSE (a)  DUE TO	Disserting and (c).	cream of Thora	CIA CALL INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave isse to immediate cause (a), stating the underlying cause	Hyperleneine	C.V. ODesea	se 10 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDIUTING TO DESTU BUT MOT BELLTED TO TH	HE TENNICAL DISTASE CONDITION CHIEN IN D	ART 1(o) 19 WAS AUTOPSY
CEPTIFICATION	Gulin She	IBOTING TO DEATH BUT NOT RECATED TO TH	IE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO
I CEPTIEI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (E	nter nature at injury in Part I or Part II of	item 1B.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19	20d. INJURY OCCURRED While Nat While at wark at wark	OF INJURY (Hame, farm, y, street, affice bldg., etc.)	or town) (Caunty) (State)
	21. I certify that (I) (this haspital saw the deceased alive an	1) attended the deceased fram 1967, and that	death accurred atM, from	n causes and an the date stated above
	220. SIGNATURE	M.D.	PHYS. DIRECTOR L	STAFF D 22b. DATESIGNED 3/16/67
1	22c. PHYSICIAN'S NAME (Type) PAGE C	JETT	22d ADDRESS - There	dericky, ml.
L	30 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) March 18.	1967 Emmanuel	Ch. Com. Plum	tout (about med
1	Lutchins Juneral	Home Owings,	and DATE RECID BY REGISTRAN 2 1967	255 REBISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

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er death Cuneral Fand er death	1.	PLACE OF DEATH o. COUNTY  Calvert	MARYLAND 0.	Maryland	ved, if institution: Residence before admission) b. COUNTY Calvert
at at at		b. CITY OR TOWN (If outside corporate limits, c. 1)	li li		nits, write RURAL and give nearest town)
by the Page	R			ral-Broomes I	
in in ers.	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str	reet oddress) d. S	TREET ADDRESS	8. IS RESIDENCE ON A FARM?
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海 李 · 李 · 李	3.	NAME OF First DECEASED	Andrew	Lost 4. DATE OF	Month Doy Year
d w		(Type or print) Howard	I proper	owler DEATH	3 17 1967
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on br		male white WIDOWED	DIVORCED - 6-	-2-96 70	Alz.
and and in on	10		BUSINESS OR 11.1	BIRTHPLACE (County & State, or foreign	country) 12. CITIZEN OF WHAT
ote be ician leose ond i		waterman - retired 1/65	pital Attendant	Maryland	COUNTRY?
physician on please oval, and i	12	3. FATHER'S NAME		MOTHER'S MAIDEN NAME	
th certifi		Thomas Fowler		Annie Louise G	
attending   permit. The	11	Vac no neurobnoum) (If the given time or dotter of convice)	SECURITY NO. 17. INFORM		Address
affendi affendi permit.	L.	No   820-	·00-2194 C.	Bernard Fowle	r, Prince Frederick
the the mat		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	), and (c).)	el insante	INTERVAL BETWEEN ONSET AND DEATH
quires the physician. signed by surial-tra		4201 DUE TO		V	
equires physici signed burial-l buriol,		Conditions, if ony, which gove (b)			
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AN: The law all or ottendi icate hos belfor use os the Health prior	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ITH BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO [
智治 注 " 午	CFRTIFICATION		HOW INJURY OCCURRED. (Enter	nature of injury in Part I or Part II o	f item 18.)
のも上のも	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. While of work		INJURY (Horne, farm, 20f. (Cit eet, affice bldg., etc.)	y or town) (County) (State)
ATTENDIN stained by CTOR: Afte should be vith the Sto		21. I certify that (I) (this haspital) attended t	he deceased fram Maj	rch 16, 1967, to N	larch 171967, that (I) (we) I
the the		saw the deceased alive an March 17	7_1967, and that deat	th accurred at 1:15a M, fro	am causes and an the date stated abo
P S S S S S S S S S S S S S S S S S S S		220. SIGNATURE	A	TTENDING MED	STAFF 22b. DATE SIGNED
OR ATTEN be refained DIRECTOR: , ge 3 should led with the		Kullen	M.D. PI	HYS. DIRECTOR L	PHYS   3/17 /67
	9	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	W 23
HOSPITAL ige 4 moy FUNERAL I rector, pag nould be fill	1	NAME (Type) George J. Weems,	M.D.	Huntingtown	n, Maryland
O HOSP Page 4 r O FUNER director, should	2	REMOVAL (Speciful /)	NAME OF CEMETERY OR CREMA	TORY A 23d. LOCATIO	ON (City or Town) (County) (Stote)
5 5 5 4 V		Bureal March 20 1967 4	Loomes delas	Comelley Syon	of Seland Celept, Mil
VR A15 (4)	1	24. FUNERAL DIRECTOR	ADDRESS IN	MAR DEGISTAR	255 REGISTRAR'S SIGNATURE

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death	funeral and 2 death.		here deceased lived, If institution: Re	esidence before admission
- i		a. STATE Maryl	Land b. COUNTY Pr.	Geots
aft.	See the see th		ide corporate limits, write RURAL	
hours after	in b	Owings 3 weeks Upper Maril	oro.	16-2
T.	filled in papers. I in 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS		e. IS RESIDENCI ON A FARM?
22	ately filled bon paper within 72	Padgett's Nurging Home 3826 Rector	ry Lane	YES NO
畫	completely we carbon p event, withi	3. NAME OF First Middle Last 4.	DATE Month OF	Day Year
20	comple car event,	(Type or print) Elizabeth Nalle Magruder Hill  5. SEX   G. COLOR OR RACE   7 MARCH   7	DEATH March	10, 19 67
cute	0000	7. MARKIED   NEVER MARKIED   0. DATE OF BIRTH	9. AGE (In years   IFUNDER )	Days Hours Min.
exe	e remoy in any	Female White WIDOWED DIVORCED March 20,1913		TIZEN OF WUAT
pe	physician on please r oval, and in	during most of working life, even if retired) INDUSTRY County		TIZEN OF WHAT UNTRY?
100 100 100 100 100 100 100 100 100 100	hysi ple al, a	Real Estate Title Court House Maryland  13. FATHER'S NAME SEARCHER 14. MOTHER'S MAIDEN N	U.	. S. A.
requires that the death certificate be executed within ding blysiclan.	iding phy Then p removal,	Thomas Nalle Magruder Helen Box		
Cel	r rer	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	Address	
ath	ned by the attending intransit permit. There al, cremation, or remove	(Yes, no, or unkown) (If yes give war or dates of service) No Bette Nalle Wi	ilson-Same as ]	Item #2.
-5	9 8 9	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
中中.	n signed by the	PART 1. DEATH WAS CAUSED BY: Metastatic Chrisma - gin	ustrid	ONSET AND DEATH
tha	al, c	170X DUE TO		
res	Signaturi	[ Conditions, If any, which ] (h) Carumma Wart		
edu	the to	gave rise to immediate cause (a), stating the DUE TO		
law r	as as prior	underlying cause last. (c)		has were surround
OR ATTENDING PHYSICIAN: The law requires that the refained by the hospital or attending physician.	certificate has been hed for use as the bt. of Health prior to t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	For	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury	ry in Part I or Part II of Itam 19	YES NO
CIAN	After this certification of State Dept. of 1	GR CONTRIBUTING GRAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	y III Part I Of Part II Of Itelli 20.,	,
IVSI P p	this letach		20f. (City or town) (Cour	nty) (State)
<b>克</b> 章	ate l	Hour a.m. While Not While factory, street, office bidg., etc.)	(11)	(
TENDING tained by	After d be c		6, to march 10, 196	Z, that (I) (we) las
TEN	ECTOR: A 3 should with the S	saw the deceased alive on which 4 196 7, and that death occurred at 2:15		
A	3°S wit	22a. SIGNATURE	22b. DA	ATE SIGNED
0 0	Died	Emily H. When, M.D. ATTENDING DIRECT	CTOR PHYS. 3	10.67
ATI MS	RAL be 1	22c. PHYSICIAN'S NAME (Type)		
TO HOSPITAL	TO FUNERAL DIRECTOR: director, page 3 should be filed with the	Emily H. Wilson, M. D.	en ma.	
101	She she	REMOVAL (Specify)	3d. LOCATION (City, town or cou	
•	0	Burial 3/13/67 Mt. Carmel Cemetery  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D B'	Upper Marlbord	S SIGNATURE
VR	A15 (4)		5 1967 Actionles	Judge
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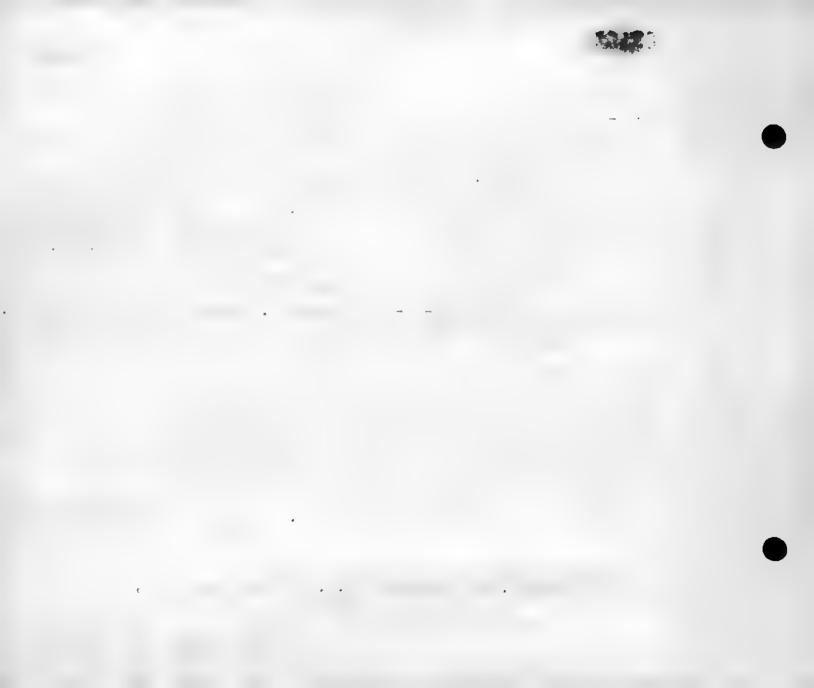
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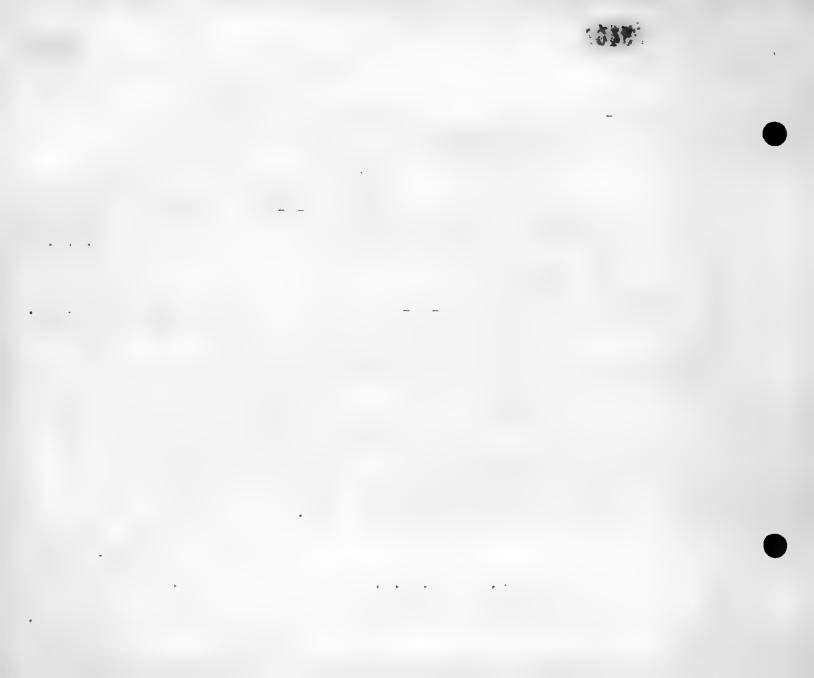
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ALLULE (300. 33) ON TEMPLEMENT TO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03401: CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Calvert a. COUNTY o. STATE Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Calvert MARYLAND b. (ITY OR TOWN (If autside corporate limits, write RURAL and give neorest Jawn) Rural-Prince Frederick c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) illed in by the popers. Poge hin 72 hours o 13 days Rural-Port Republic d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE filled ON A FARM? Calvert County Hospital NO X 3 NAME OF Middle 4. DATE Year DECEASED (Type or print) Hattie Henry Hooks 10 DEATH 67 6. COLOR OR RACE IF JNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9 AGE (In years last birthday) Months Days Hours in gny 7-3-76 WIDOWED X Negro DIVORCED female 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)
Domestic 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) INDIISTRY U.S.A. ond Maryland 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME removal Clara Robert Gross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknawn) (If yes give war ar dates of service) Annie C. Hawkins Port Republic, Md. 217-32-4655 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave NO SURBIN rise ta immediate cause (a). DUE TO stating the underlying cause as the prior tal has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? this certificate the detoched for us NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour am Nat While at work factory, street, affice bldg, etc.) 21 I certify that (I) (this haspital) attended the deceased fram Feb. 25, 19 67, to March 10 19 67 that (I) (we) las Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an March 101967, and that death accurred at 12150 M, fram causes and an the date stated above 22g. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR director, page should be filed PHYS. TO HOSPITAL (Page 4 may b 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D. Prince Frederick, Maryland 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Brooks Church CalvertCo. Md. Cem. 256 SEGISTRAR'S S GNAMINE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 havrs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY etely filled in by the fune arban papers. Pages 1 a Calvert MARYLAND Maryland Calvert b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 1b t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Prince Frederick 50 days Huntingtown d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Calvert County Hospital NO Se YES campletely fi nave carban <sub>l</sub> NAME OF 4. DATE Year DECEASED Claire Type or print) Jones Marv DEATH event IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lest hirthdoy) Months Dovs Hours 10-2-77 WIDOWED X DIVORCED female white 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remova William Ireland Molly Lyles attending paramit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 9-51-8211 Elinor Marquess Huntingtown, Md IB. CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit ONSET AND DEATH 3 5 1X DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) of work of work TO FUNERAL DIRECTOR: After 21 I certify that (1) (this hospital) attended the deceased from Jan. 30., 19 67 to March 21 1967, that (1) (we) las saw the deceased alive on March 27 1967, and that death occurred of 7: 30 M, from causes and on the date stated above 220 SIGNATURE 22b DATE S GNED STAFF PHYS. □ Har. 23,1967 DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c PHYSICIAN'S George J. Weems, M.D. Huntingtown, Maryland 23d LOCATION (C'ty or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (County) (Stote) Burial (Specify) Mar. 24, 1967 Emmanuel Chr. Cemetery Plum Point Calvert Md. 24 SUNSKA, DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

03396

1	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, if instr	rtutian Residence befare admission)
	a. COUNTY	Calvert	MARYLAND	o. STATE Ma	aryland b "	Calvert
	b CITY OR TOWN (	f autside carparate limits, I give nearest Jawn)	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
	Prince F	rederick	2 days	Hunti	ingtown	. /
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	haspitar, give street address)	d STREET ADDRESS	EMB OOMII	e IS RESIDENCE
59	Calver	t County Ho	ospital			ON A FARM? YES NO 3
	3. NAME OF DECEASED	First	Middle	Last		onth Doy Year
	(Type or print)	Baby	Girl Keemer		DEATH March	1 4 1967
	S SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED		9 AGE (In years last brithday)	
/	Female	Negro V	VIDOWED DIVORCED	2-24-67	yrs prinagy)	
	10a. USUAL OCCUPATION during mast of warking	(Give kind of wark done	10b. KIND OF BUSINESS OR	13 BIRTHPLACE (Count	y & State, or fareign country)	12. CITIZEN OF WHAT
	during musi at warking	ine, even ir revirea)	INDUSTRY	Mary	land	COUNTRY? USA
	13 FATHER S NAME			14. MOTHER'S MAIDEN		
	Fred	Keemer		Lillian	Annette Fle	tcher
	15 WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT		Idress
	(Yes, na, ar unknawn)	(If yes give war ar dates af ser	L	illian Fle	tcher. Hunt	ingtown, Maryla
	IB. CAUSE OF DE	ATH (Enter only one cause p		111	4	INTERVAL BETWEEN
	1	H WAS CAUSED BY- IMMEDIATE CAUSE (a) _	circulator	4 CMGO	MA	ONSET AND DEATH
	1000	DUE TO	(P)	1 11	V -11 A-	
	Conditions, if any,		J'ME MILTING	+ Alli	5 (Klali	667
	nse to immediate	e couse (a), DUF TO		7	/	
	last.	(c)_				
	PART II. OTHER SIG	GNIFICANT CONDITIONS CONFR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
3	OR CONTRIBUTING OR CONTRIBUTING					PERFORMED?
	200 ACCIDENT WAS		20b DESCRIBE HOW INJURY OCCURRE	(Enter nature of injury in	Part I at Part II of item 1B)	
		CAUSE OF DEATH MED CAL EXAMINER)				
	20c TIME OF INJE	IRY Manth, Day, Year		LACE OF INJURY (Hame, for actory, street, affice bldg., etc		(Caunty) (State)
	p.n	10	at work at work	sciony, street, drince biog., en	c,	
			I) attended the deceased from.		19, to	, 19 , that (I) (we) fas
		ceased alive on	19, and th	at death occurred a	tM, from couse	s and on the date stated obove
	22a. SIGNATURE	r Him	3/2/1	ATTENDING -	MED STAFF	22b. DATE SIGNED
	22c PHYSICIAN S	C. yuu	Jacan /	A.D PHYS L	DIRECTOR PHYS	
- ,	NAME (Type)	Osman Z. F	Dans M D		Mar a danada la	3/3
- '	00 00000		rsoy, M. D		Frederick,	
	23c. BERIAL, CREMATIC REMOVAL (Specify)				23d. ŁOCATION (C ty ar	, , , , , , ,
0	24. FUNERAL DIRECTO	1 2-6-67	Patuxant C	n. Cem	Huntingt	cown Md
71	24. FUNEKAL DIKECTO	-	100	1 1 4 4 4 1	B 1967 25b	REGISTRAR'S SIGNATURE
/	Thought	It eut	le trines Inco	THE TRIENT	0 1301	
	des					



Miles Prop

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O Orang				I FREI
1 PLACE OF DEATH				an. Residence befare admission)
d. County Calvert Maryland Maryland			land b. coun	Calvert
b CITY OR TOWN (If outside carparate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (If autside of	corparate imits, write RUR	AL and give nearest town)
write RURAL and give flearest town) Prince Frederick	18 days	Chesapeake	Beach	321
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS		e IS RES DENCE ON A FARM?
Clavert County Hospi	tal			YES NO
3. NAME OF First	Midd'e		DATE Mantl	h Day Year
(Type or print) Robert Alovi	ous Kraft	1	OF DEATH March	11 1967
S SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years last_birthday)	1F UNDER 1 YEAR   IF UNDER 24 H
Males White WIDOWED	DIVORCED 7	-4-01	65 yrs	mollins Days Hadis M
	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Stote	e, or fareign country)	12 CIT ZEN OF WHAT
Painter	NDOSIKI	Washingtor	n, D. C.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Kraft		Catherine F		
(Yes no grunknown) (If we give war or do tos of service)		NFORMANT	Addre	
No.	78-03-1534 AA	nna M. Corra	ado, Chesa	peake Beach,
1B. CAUSE OF DEATH (Enter anly one cause per line for PART I, DEATH WAS CAUSED BY	ır (a), (b), and (c) )			INTERVAL BETWEEN ONSET AND DEATH
. IMMEDIATE CAUSE (a) G	eneralized care	inomatosis		UNSCI AND DEATH
163X DUE TO				
	arcinoma of lun	g		
stating the underlying cause DUE TO				
last. (c)				Tio was with the
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E CONTROL OF THE PROPERTY OF T	Cooking Light Milliant Accuracy			YES NO
图 OR CONTRIBUTING 口 CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	Enter noture of injury in Part I	or Part II at Item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	INIJRY OCCURRED 20e PLAN	CE OF INJURY (Hame, farm,	20f (City or town)	(Caunty) (State
Haur am. White	e Nat Whe fact	ary, street, office bldg, etc)	zoi (cry di idwii)	(coonly) (State
p.m. 17 at wa	rk Lal at wark Lal	ar. 7 10.6	7 to Mar. 10	1667 (1 ( () ( )
21. I certify that (1) (this haspital) after saw the deceased alive on Mar.	nded the deceased from **			, 19 <b>67</b> , that (I) (we)
220 SIGNATURE	17.01, with file	death accorded at	Am, nom causes (	22b. DATE SIGNED
I HUNZ 10	elle ME	ATTENDING MED DIRECT	TOR STAFF	Mar. 11, 196'
22c. PHYSICIAN'S	7/	22d. ADDRESS		
NAME (Type) Osman Z. Ers	oy, M. D.	Prince Fr	rederick,	Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY / 2	3d LOCATION (City or Tav	vn) (County) (State)
Mar. 14, 1967	Mount Oli	Eiret Cem We	ashington,	D. C.
24; FUNERAL DIRECTOR	ADDRESS	2Sa RECD BY R	REGISTRAR 25b REG	GISTRAR'S SIGNATURE
Hulchino Tuneral to	tome Cloury	PI MAMAR 14	1967 years	nees Judge

O 50 00 10 1991

Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution PLACE OF DEATH o COUNTY b COUNTY MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURA, and give nearest town) b. CITY OR TOWN (If outside corporate limits. FauLKNer 20 425 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddressy) e IS RESIDENCE ON A FARM? YES NO 🔀 4 DATE OF DEATH carbon DECEASED (Type or print) IF UNDER 1 YEAR 9 AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 100 USUA OCCUPATION (Give kind of work done during most of working life, even if retired)

Industralist 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) rmanu 13. FATHER S NAME or remayal, Frank Niessen Teresa 16 SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of service) 76-03-6703-A(B) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY-DNSET AND DEATH signed by burial trans IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse s certificate has been PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPS) PERFORMED? NO 🖂 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) While of work I not While TO FUNERAL DIRECTOR: 220. SIGNATURE PHYS DIRECTOR 22d 22c PHYS CIAN S O HOSPITAL NAME (Type) 23o. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUT 1 2 1 (Specify) Holy Sepulchre Cemetery, Wyndmoor 24 FUNERAL DIRECTOR Arehart Funeral Home, Inc .- La Plata, Mid.

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	* 07400 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03399
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY  MARYLAND
cessary, funeral may be artment r death.	b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town) wite RURAL and give nearest town) wite RURAL and give nearest town)
delay it nacessary nd 3 to the funeral Page 5 may be State Department hours after death	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
any delay , 2, and 3 PM3. Pe PM5. Pe h the Sta	3. NAME OF DECEASED (Type or print)   First   Middle   Last   4. DATE   Month   Day Year   OF   DEATH   3/ /2   19/ 2
n. 15 form form with	5. SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.   Vyrs.   13
er dea ive Pa with with event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. (BIRTHPLACE (State or foreign country) (COUNTRY?)
hours aft tem 18. G fice along le pages nd in any	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
, a E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (REFORMANT (Yes) do jor unknown) (If yes give war or dates of service)
EPUTY MEDIC. XAMINER: This certificate should be executed within asse execute the certificate, writing the word "pending" in pencil ir ector. Page 4 should be forwarded to the Chief Medical Examiner's ained for your files.  UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, prior to burial, cremation, or removal,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Underlying cause last.  (c)  PART II. OTHER SIGNIF IDANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PERFORMED?  YES NO.  202. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING (c)  CAUSE OF DEATH.  202. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)  PHONT A. I. CONTRIBUTING (C)  CAUSE OF DEATH.  202. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)  PHONT A. I. CONTRIBUTING (C)  CAUSE OF DEATH.  203. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING (C)  AUSE OF DEATH.  204. PART II. OTHER SIGNIF IDANT CONDITIONS CONTRIBUTING (C)  CAUSE OF DEATH.  205. INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)  PRIMARY () or CONTRIBUTING (C)  CAUSE OF DEATH.  206. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING (C)  CAUSE OF DEATH.  207. IMMEDIAL EXAMINER (C)  CONTRIBUTION (C)  (C)  PART II. DEATH WAS CAUSED BY, WAS AUTOPSY (E)  PROPRED (C)  YES NO.  (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County) (County) (County) (State)  FOR INJURY (HOME, farm), 201. (Gity or town) (County)
다 의 근 성 노	NAME (Type)  Address (Street, city, town, or county)  23a. (BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  (State)
VR A15ME 3500 4-64	24. FUNERAL DIRECTOR Phirphey C. Sewell-Prince Frederick, and MAR 1 4 1967  Calvert Co. 196.  Phirphey C. Sewell-Prince Frederick, and MAR 1 4 1967
	A ban ba

g da la

VR ALSME (3)

2. USUAL RESIDENCE (Where deceased lived, if institution; Residente before admission) b. COUNT c. CITY OR TOWN (If outs)de corporeta limits, write RURAL end give nearest/town) e. IS RESIDENCE ON A FARM? YES NO 1 Month Day Yaar AGE (In years | IFUNDER 1 YEAR **IFUNDER 24 HRS** lest birthdey) Months Davs Hours Min. 12, CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 4 20b. DESCRIBE HDW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of Item 18.) (County) (State) and in my opinion Inquiry Undetermined manner 22. DATE SIGNED 23d. LOCATION (City, town or (Stata) ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 196

7-1- TRO 4: FAY - 184012-F.

24. FUNERAL DIRECTOR

VR A15ME (1)

MAR 2 7 19

25b. REGISTRAR'S SIGNATUR